plication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

- F		CLAIMS AS	FILED - PART (Column 1)		(Column 2)			Small entity Type		OR	Other tha Or small enti	
TOTAL CLAIMS			17					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/7minus 20=		· Ø			X\$ 9=		OR	X\$18=	***
INDEPENDENT CLAIMS			3 minus 3 =			6		X40=		OR	X80=	"
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT	· · ·	· .			+135=		OR	+270=	ž.
° If	the difference	in column 1 is l	ess than ze	zero, enter "0" in column 2				TOTAL		OR	TOTAL	710
	Cl	Laims as a (Column 1)	· · · · · · · · · · · · · · · · · · ·	NENDED - PART II (Column 2)			, ·	SMALL	YUUN	OR	OTHÉR SMALL I	
		CLAIMS		HIGH	EST	(Column 3)	ו ו		ADDI-			ADDI-
AMENOWENT		REMAINING AFTER AMENDMENT	*****	PREVI	MBER /IOUSLY D FOR	PRESENT EXTRA	-	RATE	TIONAL		RATE	TIONAL FEE
MOW	Total		Minus	00		=		X\$ 9=		OR	X\$18=	
AME	Independent 6		Minus ***		T CLAIM	=		X40=		OR	X80=	,
					1 02 1111		ָ װ	+135=		OR	+270=	
**								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1) (Column 2) (Column 3										
AMENDWENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	Ω	Minus	₩ ₩ ''		=		X\$ 9=-		OR	X\$18=	
AME	Independent	NITATION OF MI	Minus	PAIDEN!	T CL AINA]=		X40=		OR	X80=	
<u>L</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
							1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDWENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AID BA	Total	*	Minus	άά		=		X\$ 9=		OR	X\$18=	- <i>j</i>
	Independent	*	Minus	***		.=		X40=			X80=	
Ø	FIRST PRESENTATION OF MULTIPLE DEPENDED				T CLAIM			A40=		OR		
	16 th	man d le leas there th	no onterio		to 40" !	aluma C		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OFT TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE	
		imber Previously Pa nber Previously Pa						ound in the app	propriate bo	x in co	olumn 1.	